

GYNECOLOGY.

 UNDER THE CHARGE OF

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 THE VALUE OF THE TAMPON IN THE DIAGNOSIS OF CHRONIC
 ENDOMETRITIS.

SCHULTZE (*Centralblatt für Gyn.*, May 11, 1889) urges the use of the tannin and glycerin tampon, emphasizing the fact that the purulent character of the uterine discharge, and not its amount, is the main indication of the existence of endometritis. The discharge is often so slight that the patient herself does not notice it, yet it is readily appreciated on the removal of a tampon which has lain in contact with the cervix for twenty-four or forty-eight hours. After practising this method daily for twelve years the writer can testify to its great practical value.

TUBERCULOSIS OF THE GENITAL TRACT.

BARBIER (*Gaz. Méd.*, 1888, No. 39) believes that a woman can be infected by a tuberculous man during coitus. Bacilli have been demonstrated in the semen, as well as in the discharge attending tuberculous epididymitis. The uterus may be infected by extension from a tuberculous growth on the vulva, without any intermediate trace of infection in the vagina. The writer even admits the possibility that tuberculous infection may be transmitted by the finger of the attendant, by unclean instruments, or even through the medium of the air.

LIGATION OF THE ARTERIES SUPPLYING THE UTERUS.

GUDAROFF (*Centralblatt für Chirurgie*, No. 22) recommends this bold procedure in cases of inoperable cancer attended with severe hemorrhage, intraligamentous tumors, and subserous myomata, and for the relief of metrorrhagia of unknown origin which resists all ordinary treatment. The technique is as follows: An incision is made as in ligation of the common iliac, the lower angle of the wound being at the internal ring. When the peritoneum is reached it is stripped upward from the iliac fossa and the point of division of the common iliac is sought for. The peritoneum is drawn inward with a Sims's speculum until the internal iliac is exposed; the latter artery is then followed downward into the pelvis until the uterine is reached, the ureter being the guide to it at the point where the latter duct crosses the artery. The ovarian artery may also be readily found, isolated, and ligated. The artery supplying the round ligament will be identified at the lower angle of the wound as it enters the canal with the cord, but as it is difficult to separate and tie it, it is better to ligate the inferior epigastric, of which it is a branch.

[This operation must strike the surgical reader as not only too heroic for a mere palliative measure, but as unscientific. It is certainly unjustifiable to

subject a patient, reduced by advanced carcinoma, to such an operation, and in cases of uterine hemorrhage from other causes in which radical treatment is indicated, it would seem more rational to open the abdomen and remove the whole or a portion of the uterus, previously ligating the vessels within the broad ligaments according to Stimson's method.—ED.]

REMOVAL OF AN UNSUSPECTED EXTRA-UTERINE PREGNANCY AFTER
INCISION OF A RETRO-UTERINE HÆMATOCELE.

ROSE (*Deutsche med. Wochenschrift*, June 13, 1889) reports the case of a woman who had been married for ten years and remained sterile. She had menstruated three weeks before she came to the hospital, and was excessively anæmic at the time of entrance. On vaginal examination a hard tumor was felt filling Douglas's pouch and compressing the rectum and vagina. There was a soft spot at its most dependent portion, and the patient showed evidences of commencing peritonitis. An incision was made through the fornix vaginæ into the mass, and a quantity of old coagula was removed, in the midst of which was found a fœtus as long as the finger. The patient succumbed, and at the autopsy a ruptured ectopic sac was found.

[This case illustrates very forcibly the remote danger incurred by a patient who may recover from the immediate results of a ruptured tubal pregnancy. In a similar case, occurring in the Editor's practice, with an equally negative history, the diagnosis was cleared up by the discharge of foetal bones through a fistulous opening in the vaginal roof, the patient making a perfect recovery.—ED.]

THE BEST MATERIAL FOR INTRA-PERITONEAL SUTURES.

THOMSON, of Dorpat (*Centralblatt für Gynäkologie*, June 15, 1889), reports the result of a series of interesting experiments upon animals, made with the view of determining what material is least irritating when introduced into the peritoneal cavity in the form of sutures, especially in the operation of Cæsarean section.

The sutures were prepared in the following manner: Silkworm-gut was dipped in a solution of bichloride, 1 to 1000, immediately before being used, the silk being boiled for an hour in the same solution and then kept in absolute alcohol or a five-per-cent. solution of carbolic acid. The chromicized catgut was prepared according to Leopold's method, the raw gut being soaked for forty-eight hours in a ten-per-cent. solution of carbolyzed glycerine, then for five hours in a one-half-per-cent. solution of chromic acid, and finally immersed in absolute alcohol. The carbolyzed catgut was first treated with a strong sublimate solution, and then immersed in carbolyzed oil (twenty per cent.). In every instance the suture was placed in a five-per-cent. solution of carbolic acid immediately before it was used.

The sterilization of the sutures was proved by introducing portions of them into gelatin; chromicized and carbolyzed catgut caused clouding of the gelatin in a few cases, especially when the carbolyzed gut was frayed out, showing that its deeper portions were not aseptic. The latter fact was of importance as bearing upon the question of late infection from sutures after the strands have become separated through softening. No cultures were obtained from the prepared